PRINTED: 09/21/2012 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					
		185408	B. WIN	- 3			C <b>7/2012</b>
	ROVIDER OR SUPPLIER  NURSING AND REHAB	ILITATION-LIBERTY		616 S WA	DRESS, CITY, STATE, ZIP CODE LLACE WILKINSON BLVD 7, KY 42539		-
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	5	F (	000			
F 282	initiated on 04/25/12 The complaint was s were cited at a scope CFR 483.20 Resider 42 CFR 483.25 Qual Substandard Quality Quality of Care.  The facility failed to r ensure adequate sur devices were provide one of eight sampled Resident #1 was ass risk for elopement. T require a wander ale supervision when ex displayed. However, Resident #1 was pro on 04/01/12, the resi without staff knowled supervision for an un Resident #1 was last PM, and found outsic (thirty-five minutes la was outside on a sch was assisted back in assessed to have su  The Immediate Jeop 04/27/12, and determ and continue through Jeopardy was remov completed corrective Agency's investigatio Jeopardy was determ 483.20(k)(3)(ii) SERV		F	282	TITI F		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 100685

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		PLE CONSTRUCTION	(X3) DATE SUF COMPLETI	
		185408	B. WIN	G			C 7/ <b>2012</b>
	OVIDER OR SUPPLIER  NURSING AND REHABI			6	EET ADDRESS, CITY, STATE, ZIP CODE 16 S WALLACE WILKINSON BLVD IBERTY, KY 42539	04/2	7/2012
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 282	PERSONS/PER CAR  The services provided must be provided by accordance with each care.	E PLAN  If or arranged by the facility qualified persons in resident's written plan of	F	282			
	by: Based on interview, if facility policies, it was failed to have an effect services were provided written comprehensive eight sampled resident facility identified Residelopement and developement and developement and providing the resident providing the resident leaving supervision when exit displayed, in an effort the resident leaving supervision when exit displayed, in an effort the resident leaving supervision when exit displayed, in an effort the resident leaving supervision were impresident's plan of care exited the building with was outside without sundetermined amount last seen in the facility outside at approximate minutes later). Residinside the building an sustained no injuries.	g a wander alert bracelet dent with increased seeking behaviors were to reduce the likelihood of afe areas in the facility. ailed to ensure the plemented as detailed in the e. On 04/01/12, Resident #1 hout staff knowledge, and upervision for an tof time. Resident #1 was y at 2:45 PM, and found ely 3:25 PM (thirty-five ent #1 was escorted back d assessed to have			Past noncompliance: no plan of correction required.		

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SUF COMPLETI	
		185408	B. WIN	G			C <b>7/2012</b>
	ROVIDER OR SUPPLIER  NURSING AND REHAB	ILITATION-LIBERTY	•	61	EET ADDRESS, CITY, STATE, ZIP CODE 6 S WALLACE WILKINSON BLVD BERTY, KY 42539		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 282	care was likely to cat impairment, or death was determined to excontinued until 04/10 corrective actions pri investigation on 04/2 was determined to be The findings include:  A review of the facility Supervision to Prever Risk Evaluation (both revealed the facility wrisk for elopement arreduce the likelihood eloping from the facility Care policy/procedur revealed any "new of the communicated to caregivers for implent responsible for the dichanged" care plant wensure any cues were remind caregivers of A review of a facility Resident #1 success on 04/01/12, without outside without supe amount of time. Residently at 2:45 PM, at facility at approximatinvestigation conclude exited the facility via	use serious injury, harm, . The Immediate Jeopardy xist on 03/06/12, and /12. The facility completed or to the State Agency's 5/12; therefore, the Jeopardy e Past Jeopardy.  y's Accidents and int Accidents, Elopement in revised on 04/28/11) would identify residents at ad implement measures to of the resident successfully ity.  y's Comprehensive Plan of the (revised 05/28/08) or changed" care plans would members of the IDT and	F	282			

Facility ID: 100685

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE LDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		185408	B. WIN				C <b>7/2012</b>
	ROVIDER OR SUPPLIER  NURSING AND REHABI	LITATION-LIBERTY	1	616	T ADDRESS, CITY, STATE, ZIP CODE S WALLACE WILKINSON BLVD ERTY, KY 42539		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 282	investigation and inter on 04/25/12, at 5:30 If the facility including the facility including the facility including the facility including the with the wander alert sounded if Resident wander alert bracelet. A review of Resident conducted on 02/21/2 admitted the resident Frontal Craniotomy Oseizure Disorder, De Left Eye. Resident # facility to be at risk for A review of a wander dated 02/28/12, reveal identified to be at risk displaying exit seekin Resident #1's Care Padded an "update" to on 02/28/12, due to helopement risk. A phon 02/28/12, and a wimplemented and pla wander alert bracelet reassessed at "the neresident was transfer Unit on 02/29/12, due behaviors of increase attempting to exit the Resident #1 no longer time of the investigation record review was contacted to the investigation of	rview with the Administrator PM, revealed all exit doors in the front door were equipped system, which would have #1 had been wearing a  #1's admission assessment 12, revealed the facility with diagnoses including folloid Cyst Resection, mentia, and Blindness in the 1 was not assessed by the r elopement at that time.  #6lopement assessment faled Resident #1 had been for elopement due to g behaviors. A review of lan revealed the facility the resident's plan of care aving been assessed as an ysician's order was obtained ander alert bracelet was feed on Resident #1. The intervention was to be ext review." Review of all record revealed the red to a Behavioral Health to the resident's escalating and aggression and facility.  It resided at the facility at the on, therefore a closed inducted. According to all record, the resident was	F	282			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	ULTIPL LDING	E CONSTRUCTION	(X3) DATE SUF COMPLET	
		185408	B. WIN				C <b>7/2012</b>
	ROVIDER OR SUPPLIER	LITATION-LIBERTY	<b>,</b>	616	ET ADDRESS, CITY, STATE, ZIP CODE 6 S WALLACE WILKINSON BLVD BERTY, KY 42539		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 282	interview with Licension 04/27/12, at 2:10 a wander/elopement as required, after bein However, LPN #4 stabased only on Reside exact time, and due to desire to leave the faresident was not at ristated, "It never ente wander alert bracelet stated she was unawassessed to require to a physician's order of prior to being transfel Unit on 02/29/12.  Interviews conducted Director on 04/25/12, 10:45 AM, 11:50 AM, 04/27/12, at 1:25 PM Resident #1's readmid discussed by the Interviews conducted by LPN #2 ensure staff was awabeen assessed as be 02/28/12, and failed to provided a wander all the resident's plan of Further review of Resplan of Care and con SSD revealed Resider revised on 03/09/12, the elopement "upda"	ed Practical Nurse (LPN) #4 PM, revealed she completed assessment for Resident #1, ng readmitted to the facility. Ited the assessment was ent #1's behaviors at that to the resident voicing no cility, LPN #4 determined the sk for elopement. LPN #4 ared my mind" to place a on Resident #1. LPN #4 are the resident had been the bracelet or had received in 02/28/12, for the bracelet med to the Behavioral Health with the Social Services at 5:00 PM; on 04/26/12, at and 4:30 PM; and on prevealed that although sison to the facility was redisciplinary Team (IDT) on ed to recognize the inder/elopement assessment to on 03/06/12, failed to the resident #1 had being an elopement risk on one ensure the resident was ert bracelet as specified on	F	282			

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		185408	B. WIN	G			C <b>7/2012</b>
	OVIDER OR SUPPLIER	LITATION-LIBERTY		616	T ADDRESS, CITY, STATE, ZIP CODE S WALLACE WILKINSON BLVD ERTY, KY 42539		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 282	only the original interbracelet, but addition specific interventions residents determined Interventions initiated to the wander alert but the resident with increseeking behaviors we SSD stated in the interventions made to 02/28/12, or 03/09/12 being at risk for eloped According to Resider (MDS) assessment didentified Resident #cognitively impaired and other behavioral further determined Replaced the resident aillness or injury and sthe resident's care.  Review of Resident #03/17/12, revealed the exit seeking behavior he/she was leaving the interview with LPN #who documented the displayed by Resider no increased supervivesident. LPN #1 stat the facility had deterrelopement risk, and he	vention of the wander alert al standard and/or resident initiated by the facility for to be at risk for elopement. If for Resident #1, in addition racelet, included providing eased supervision when exit ere displayed. However, the erviews that no action was a alert any staff member to a Resident #1's care plan on a related to the resident ement from the facility.  In the #1's Minimum Data Set ated 03/14/12, the facility and have physical, verbal, symptoms. The facility esident #1's behaviors at significant risk for physical ignificantly interfered with the facility. However, and on 04/26/12, at 11:00 AM, exit seeking behaviors at #1 on 03/17/12, revealed sion was provided for the ted she was unaware that mined Resident #1 was an and no knowledge that place and should be utilized splayed exit seeking	F	282			

Facility ID: 100685

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	ULTIPL LDING	E CONSTRUCTION	(X3) DATE SUF COMPLET	
		185408	B. WIN				C 7/2042
	ROVIDER OR SUPPLIER  NURSING AND REHABI			616	ET ADDRESS, CITY, STATE, ZIP CODE 6 S WALLACE WILKINSON BLVD BERTY, KY 42539	1 04/2	7/2012
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 282	ambulated at will thronever been considered a wander alert bracel Interviews conducted with LPN #2, at 3:45 Assistant (CAN) #1; or with Registered Nurs at 11:58 AM with CN, #3, 12:10 PM with RN and 12:20 PM with LI had never made then was considered at ris never seen Resident bracelet prior to 04/0 Resident #1 voiced d "outside" the facility a reeducated on the sn which at times angered the staff stated Resident #1 was relieved of supervision to *The facility implement correct the deficiency Resident #1 was return assessed to have sus resident was immediate monitoring, which con was transferred to the Resident #1's attending responsible party were elopement from the facility, the Characterists of the Resident #1's attending responsible party were elopement from the facility, the Characterists are sident #1's attending responsible party were elopement from the facility, the Characterists are sident #1's attending responsible party were elopement from the facility.	aughout the facility, and had an elopement risk or worn et prior to 04/01/12.  on 04/25/12, at 12:03 PM PM with Certified Nursing on 04/26/12, at 11:20 AM et (RN) #1; and on 04/27/12, A #4, 12:05 PM with CNA w. #2, 12:15 PM with CNA w. #2, 12:15 PM with CNA w. #2, 12:15 PM with CNA w. #1. The staff stated esires at times to go and smoke but was noking policy of the facility, et the resident. However, ent #1 ambulated freely in never provided an increased of their knowledge.  Intended the following actions to their knowledge.  Intended to his/her unit and estained no injury. The ately placed on 1:1 intinued until Resident #1 in hospital on 04/11/12. Ing physician and the notified of the resident's accility.	F	282			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPI -DING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		185408	B. WIN				C <b>7/2012</b>
	ROVIDER OR SUPPLIER  NURSING AND REHABI			61	EET ADDRESS, CITY, STATE, ZIP CODE 6 S WALLACE WILKINSON BLVD BERTY, KY 42539	04/2	7/2012
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 282	elopement. A wande on the resident.  After Resident #1 retrout/01/12, the Weeker resident head count a accounted for.  On 04/01/12, the Direct reviewed all wander/ecare plans for all resirisk for elopement for and care plans were.  An audit of wander/el readmission for the pereadmission for the pereadmissio	arned to the unit on and Supervisor conducted a and all other residents were actor of Nursing (DON) elopement assessments and dents previously identified at accuracy; the assessments deemed to be accurate.  Topement assessments for ast three months awas conducted by the Case linimum Data Set (MDS) (12. Resident Care plans ensure the information on at assessment was need on the resident's plan of ments were taken to the meeting for review.  To Development Coordinator attion with all facility staff, to atts, on elopement/missing cluding the newly adopted with residents who are aving wandering/exit seeking and adopted procedure.  To dexit seeking behaviors are seeking behavior	F	282			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
		185408	B. WIN	G		04/27	7/ <b>2012</b>
	ROVIDER OR SUPPLIER  NURSING AND REHABI	LITATION-LIBERTY		6	REET ADDRESS, CITY, STATE, ZIP CODE  16 S WALLACE WILKINSON BLVD  .IBERTY, KY 42539	04/2/	172012
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 282	Residents will be reas wandering/elopement interventions incorpor of care.  Any new or revised car communicated to the responsible to place the for the resident on the inform the CNA caring and update the CNA new information.  The 24-hour report ar reviewed the next most the new interventions communicated to staff to the resident of allowed to work with inservice by 04/09/12. An Elopement Audit wand continues at leas resident identified at into ensure that the wall is up to date and accurate alert bracelet is in pla resident's photo is on the resident's photo is on the resident's care place implementation to conduct the conduction of	sesessed for risk of a with appropriate stated into the resident's plan are plan interventions will be a nursing staff, who will be the new/revised intervention at 24-hour nursing report, and for the resident at the time, assignment sheet with the are assignment sheet with the are the plan of the plan is in place, the wander ce on the resident, the the adventure board, and an is being implemented. The	F	282			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL		LE CONSTRUCTION	(X3) DATE SUF COMPLET	
		185408	B. WIN				C 7/2012
	ROVIDER OR SUPPLIER  NURSING AND REHAB	ILITATION-LIBERTY	<u> </u>	61	EET ADDRESS, CITY, STATE, ZIP CODE 16 S WALLACE WILKINSON BLVD IBERTY, KY 42539	0-112	772012
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 282	nursing station and a pictures, assessmen residents identified a SSD audits the binder revisions if necessar.  All audits will be trac reviewed at the monitum provement Commare not limited to the SDC, Maintenance Director, Registered Director, Nursing Sed Data Set Coordinato three months and as **The surveyor validated taken by the facility and found no injuries the resident was placed transfer to the hospit documentation was physician/responsible Interviews with direct investigation revealed 1:1 until transferred for Resident #1 dates	D placed binders at each at the front desk containing ts, and care plans of all trisk for elopement. The ers weekly and makes y.  ked and trended and thly Performance attee (members include, but Administrator, DON, SSD, Director, Medical Records Dietitian (RD), Activity evices Manager, Minimum er, and Medical Director) for needed thereafter.  atted the corrective action as follows:  #1's medical record and assessed the resident and assessed the resident and on 04/11/12, and oresent of a party notification.  It staff throughout the direction the direction on the direction on the direction of the party notification.	F	282			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	ULTIPLE LDING	CONSTRUCTION	(X3) DATE SUF COMPLET	
		185408	B. WIN				C <b>7/2012</b>
	OVIDER OR SUPPLIER	LITATION-LIBERTY	<b>,</b>	616	T ADDRESS, CITY, STATE, ZIP CODE S WALLACE WILKINSON BLVD ERTY, KY 42539	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 282	Interview with RN #1 and facility document completed a head co Resident #1 was retuidentified no concern Interview with the DC and review of facility the DON had perform On 04/01/12, the Dire (DON) reviewed all wassessments and carpreviously identified accuracy; the assess accurate.  Interview with the Ca Minimum Data Set (NO4/27/12, at 11:32 AI dated 04/03/12, confi wander/elopement as for all readmissions in (February-April 2012 Manager (CM) and NC Coordinator on 04/03 assessments and carensure accuracy and Interview with the SD and review of an Elop confirmed on 04/03/11 Coordinator (SDC) in facility staff, to include elopement/missing reprocedures to ensure care plan intervention	on 04/26/12, at 11:20 AM, action revealed she had unt for the entire facility after rned inside the building, and s.  ON on 04/27/12, at 11:25 AM, documentation confirmed ned the following actions: ector of Nursing Services rander/elopement re plans for all residents at risk for elopement for ments were deemed to be  se Manager (CM) and MDS) Coordinator on M, and review of an audit rmed an audit of seessments and care plans in the past three months was conducted by the Case linimum Data Set (MDS) //12. The wander/elopement re plans were compared to consistency.  C on 4/27/12, at 11:50 AM, be ment Class Sign in sheet 2, the Staff Development it itiated education with all e all departments, on esident protocols, including a newly reviewed/revised	F	282			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		CONSTRUCTION	(X3) DATE SUF	ED
		185408	B. WIN	G			C 7/2012
	ROVIDER OR SUPPLIER  NURSING AND REHAB	ILITATION-LIBERTY		616	T ADDRESS, CITY, STATE, ZIP CODE S WALLACE WILKINSON BLVD ERTY, KY 42539	1 0-112	772012
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 282	without having attend 04/09/12. Interviews 11:32 AM with the Carcoordinator, at 11:58 PM with CNA #3, at 12:15 PM with CNA at 1:00 PM with the M 1:05 PM with the M 1:05 PM with the Celall the staff had attenknowledgeable regar policies and procedurensure newly review interventions are effect staff.  Review of wander/elected dated 04/02/12, 04/07/12, 04/06/12, 04/07/12, 04/19/12, and 04/24/Audits were initiated continued at least two Observations on 04/2 "Adventure Club" bin nurses' stations and binders contained reassessments, and calidentified at risk for elected A review of a wander Review confirmed all 04/02/12-04/25/12, hafter readmission to wander/elopement as A review of Performation of Performatical Performation of Performation of Performatical Performation of Performation	taff was not allowed to work ded the in-service by a conducted on 04/27/12, at ase Manager and MDS and with CNA #4, at 12:05 12:10 PM with RN #2, at #2, at 12:20 PM with LPN #3, Maintenance Director, and at intral Supply Clerk revealed ded the in-service, and was rading the facility's elopement res including procedures to ed/revised care plan actively communicated to appear assessment audits 3/12, 04/04/12, 04/05/12, 04/08/12, 04/13/12, 04/16/12, 12, confirmed Elopement on 04/02/12, and have ince a week.  27/12, at 1:18 PM, revealed ders were located at both at the front desk. The sident pictures, are plans of all residents alopement.  27/elopement assessment assessment readmissions from and been reassessed the day the facility to ensure the assessments were accurate.	F	282			

DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,			(X3) DATE SUF COMPLET	
	185408					7/2042
OVIDER OR SUPPLIER			6	16 S WALLACE WILKINSON BLVD	<u>  04/2</u>	7/2012
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOUL	.D BE	(X5) COMPLETION DATE
confirmed the PIC methe investigative finding created after the elopy 04/01/12.  Review of wander/elod dated 04/02/12, 04/03/04/06/12, 04/07/12, 04/19/12, and 04/24/14 Audits were initiated of continued at least twice.  Observations on 04/2 "Adventure Club" bind nurses' stations and a binders contained resussessments, and call identified at risk for election and a didentified at risk for election after readmission to the A review of Performant Committee (PIC) Minicconfirmed the PIC methodology.	et on 04/03/12, and reviewed ags, audits, and action plan ement of Resident #1 on ement of Resident #1 on ement assessment audits 8/12, 04/04/12, 04/05/12, 4/08/12, 04/13/12, 04/16/12, 2, confirmed Elopement on 04/02/12, and have be a week.  7/12, at 1:18 PM, revealed elers were located at both at the front desk. The ident pictures, re plans of all residents openment.  Gelopement assessment eadmissions from a been reassessed the day the facility.  Ince Improvement action of the proviewed endings and reviewed endings.	F	282			
created after the elop- 04/01/12. 483.25(h) FREE OF A HAZARDS/SUPERVII The facility must ensu environment remains as is possible; and ea	ACCIDENT SION/DEVICES  Tre that the resident as free of accident hazards ch resident receives	F	323			
	CORRECTION  DIVIDER OR SUPPLIER  SUMMARY STA (EACH DEFICIENCY REGULATORY OR L  Continued From page confirmed the PIC me the investigative findir created after the elope 04/01/12.  Review of wander/elo dated 04/02/12, 04/03 04/06/12, 04/07/12, 04 04/19/12, and 04/24/1 Audits were initiated of continued at least twice Observations on 04/2 "Adventure Club" bind nurses' stations and a binders contained res assessments, and can identified at risk for ele A review of a wander/ review confirmed all re 04/2/12-04/25/12, had after readmission to the A review of Performant Committee (PIC) Minus confirmed the PIC me the investigative findir created after the elope 04/01/12.  483.25(h) FREE OF A HAZARDS/SUPERVIS  The facility must ensu environment remains as is possible; and ea	CORRECTION  IDENTIFICATION NUMBER:  185408  DIVIDER OR SUPPLIER  NURSING AND REHABILITATION-LIBERTY  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 12  confirmed the PIC met on 04/03/12, and reviewed the investigative findings, audits, and action plan created after the elopement of Resident #1 on 04/01/12.  Review of wander/elopement assessment audits dated 04/02/12, 04/03/12, 04/04/12, 04/05/12, 04/06/12, 04/07/12, 04/08/12, 04/13/12, 04/16/12, 04/19/12, and 04/24/12, confirmed Elopement Audits were initiated on 04/02/12, and have continued at least twice a week.  Observations on 04/27/12, at 1:18 PM, revealed "Adventure Club" binders were located at both nurses' stations and at the front desk. The binders contained resident pictures, assessments, and care plans of all residents identified at risk for elopement.  A review of a wander/elopement assessment review confirmed all readmissions from 04/2/12-04/25/12, had been reassessed the day after readmission to the facility.  A review of Performance Improvement Committee (PIC) Minutes dated 04/03/12, confirmed the PIC met on 04/03/12, and reviewed the investigative findings, audits, and action plan created after the elopement of Resident #1 on 04/01/12.  483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to	DVIDER OR SUPPLIER  NURSING AND REHABILITATION-LIBERTY  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 12  confirmed the PIC met on 04/03/12, and reviewed the investigative findings, audits, and action plan created after the elopement of Resident #1 on 04/01/12.  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WING  DIAGRAPH STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 12  confirmed the PIC met on 04/03/12, and reviewed the investigative findings, audits, and action plan created after the elopement assessment audits dated 04/02/12, 04/03/12, 04/04/12, 04/05/12, 04/06/12, 04/07/12, 04/08/12, 04/13/12, 04/16/12, 04/19/12, and 04/24/12, confirmed Elopement Audits were initiated on 04/02/12, and have continued at least twice a week.  Observations on 04/27/12, at 1:18 PM, revealed "Adventure Club" binders were located at both nurses' stations and at the front desk. The binders contained resident pictures, assessments, and care plans of all residents identified at risk for elopement.  A review of a wander/elopement assessment review confirmed all readmissions from 04/2/12-04/25/12, had been reassessed the day after readmission to the facility.  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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		JLTIPI .DING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		185408	B. WIN	G			C <b>7/2012</b>
	OVIDER OR SUPPLIER	LITATION-LIBERTY		STREET ADDRESS, CITY, STATE, ZIP COL 616 S WALLACE WILKINSON BLVD LIBERTY, KY 42539			772012
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 323	Continued From page	e 13	F	323			
	by: Based on interview, facility's investigation procedures, it was de have an effective sys resident received ade assistive devices to p eight sampled resident the facility had identifielopement risk on 02 seeking behaviors, the reassess the resident 03/06/12, after the re facility following an ad Health Unit. Resident assessed to require a increased supervision behaviors were display provide the assistive returning to the facility failed to ensure staff was at risk for eloping 04/01/12, Resident # staff knowledge and a supervision for an un Resident #1 was last PM, and was discove 3:25 PM, thirty-five m was escorted back in assessed to have sus	etermined the facility failed to tem to ensure that each equate supervision and revent accidents for one of this (Resident #1). Although ited Resident #1 to be an (28/12, after displaying exit e facility failed to effectively its risk of elopement on sident was readmitted to the dmission to a Behavioral to #1 had been previously a wander alert bracelet and to when exit seeking and but the facility did not device to Resident #1 after you on 03/06/12, and also was aware that the resident grom the facility. On the exited the facility without was outside without determined amount of time, seen in the facility at 2:45 ared outside at approximately inutes later. Resident #1 to the facility by staff, and			Past noncompliance: no plan of correction required.		

A. BUILDING C  B. WING 04/27/20  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS CITY STATE ZIP CODE	
04/27/20	/2012
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
KINDRED NURSING AND REHABILITATION-LIBERTY  616 S WALLACE WILKINSON BLVD LIBERTY, KY 42539	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	(X5)
(7.1).5	COMPLETION DATE
F 323 Continued From page 14 place to ensure adequate supervision and monitoring for residents who were at risk for elopement was likely to cause serious injury, harm, imparment, or death. The Immediate Jeopardy was determined to exist on 03/06/12, and continued until 04/10/12. The facility completed corrective actions prior to the State Agency's investigation on 04/25/12; therefore, the Jeopardy was determined to be Past Jeopardy.  The findings include:  A review of the facility's Accidents and Supervision to Prevent Accidents, Elopement Risk Evaluation, and Risk Analysis policies/procedures (all revised on 04/28/11) revealed the facility would identify residents at risk for elopement by completing a wander/elopement assessment upon admission, quarterly, annually, or with a significant change. The facility would then alert staff to those residents identified to be at risk for elopement and implement measures to reduce the likelihood of the resident successfully eloping from the facility. The facility was to provide supervision to each resident to prevent avoidable accidents, and assess residents to determine what supervision was necessary.  A review of a facility investigation dated 04/06/12, revealed on 04/01/12, at approximately 3:20 PM, staff discovered Resident #1 outside the facility without staff supervision. According to the facility's investigation, the last time Resident #1 was seen inside the facility was at approximately 2.45 PM (35 minutes prior to being found outside). The facility investigation determined that Resident #1 had exited the front door of the	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	ULTIPLE LDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		185408	B. WIN				C <b>7/2012</b>
	ROVIDER OR SUPPLIER	LITATION-LIBERTY		616	ET ADDRESS, CITY, STATE, ZIP CODE S S WALLACE WILKINSON BLVD BERTY, KY 42539	0-1/2	772012
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 323	facility most likely whentering or exiting the found behind the build door of the facility, by a scheduled break.  Resident #1 no longe time of the investigat record review was concept of the build required key pad entitle with the Wander Guarant with the Wander Guarant Wande	ile a visitor was either be building. Resident #1 was ding, 113 feet from the front of a staff member outside on  er resided at the facility at the sion, therefore a closed enducted. Observations on I facility doors which exit to Idding on residential units rey to exit, and were equipped and Alert System.  Resident #1 on 02/21/12, ding Frontal Craniotomy on, Seizure Disorder, ness in the Left Eye. A on nursing assessment for I no exit seeking behaviors  Plan, Resident Progress ecord review revealed on identified Resident #1 to usion and behavioral eident was attempting to	F	323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		DENTIFICATION NUMBER:		JLTIPLI .DING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		185408	B. WIN	G			C <b>7/2012</b>
	ROVIDER OR SUPPLIER  NURSING AND REHABI	LITATION-LIBERTY	•	616	ET ADDRESS, CITY, STATE, ZIP CODE 5 S WALLACE WILKINSON BLVD BERTY, KY 42539		-
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 323	the behaviors and a "placed on Resident # record, on 02/29/12, to a Behavioral Health behaviors of attempti threatening staff and to leave the facility.  The facility readmitted Behavioral Health Un on 04/26/12, at 2:10 who readmitted Resident was at risk for elopement. The example assessment for Resident was at risk for elopement. The example and completing the wanders halls on Soudesire to leave at this had received no train completing the wanders assessment. LPN #4 to the questions "Doe desire to leave the ceresident express ang nursing home?" despute to the resident beform a Behavioral Heaggressive behaviors attempting to leave the #4, Resident #1 was and made no mention #4 stated she had no behavioral history or which might place Resident #1 place Resident place Re	and the specifically berelopement assessment solely based on the time of the t	F	323			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	ULTIPL LDING	E CONSTRUCTION	(X3) DATE SUF COMPLET	
		185408	B. WIN				C <b>7/2012</b>
	OVIDER OR SUPPLIER	LITATION-LIBERTY	l	610	EET ADDRESS, CITY, STATE, ZIP CODE 6 S WALLACE WILKINSON BLVD BERTY, KY 42539	04/2	772012
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 323	LPN #4 went on to sa determined Resident elopement she did no physician's order for, bracelet on, the resident entered my mind."  Interviews with the S on 04/26/12, at 10:45 PM, and on 04/27/12 Interdisciplinary Tear #1's readmission to t including the residen assessment. However the validity of the assessment was only at risk for well despite the resident outbursts and exit see prior which had result hospitalization. The failed to recognize, coresident's continued bracelet, but voiced to should have had one was updated to inclure potential wandering a was updated to inclure intervention which the resident to need and the additional intervention which the resident #1 on 15-mseeking behaviors, a	ay that since she had #1 was not at risk for of attempt to obtain a or place a wander alert ent, stating, "It never  SD on 04/25/12, at 5:00 PM, 6 AM, 11:50 AM, and 4:30 , at 1:25 PM, revealed the in (IDT) discussed Resident the facility on 03/07/12, It's wander/elopement er, the IDT failed to question essment or why Resident #1 andering and not elopement, having displayed behavioral eking behaviors seven days	F	323			

PRINTED: 09/21/2012 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SUF COMPLETI	
		185408	B. WIN	IG			C <b>7/2012</b>
	OVIDER OR SUPPLIER	LITATION-LIBERTY	<b>,</b>	6	REET ADDRESS, CITY, STATE, ZIP CODE 16 S WALLACE WILKINSON BLVD IBERTY, KY 42539		-
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 323	SSD in interview, the Resident #1's risk for on the interventions i reduce the likelihood the facility. Further in revealed the facility's of placing Resident # facility's main dining office, and could not resident's picture was 04/01/12.  A review of Resident (MDS) assessment of facility assessed Rescognitively impaired. assessed by the facil and other behavioral rummaging, and bein Resident #1 at significor injury and significar resident's care and p social interaction with A review of Resident 03/17/12, at 10:30 AI the resident was "tryi open," became agitathe facility." However revealed no evidence implemented to addresseking behaviors. A Licensed Practical Nuat 11:00 AM, who was 03/17/12, and made was unaware Reside	facility failed to alert staff to elopement or train the staff in place for staff to utilize to of the resident eloping from interview with the SSD "Adventure Club" consisted 1's picture on a board in the room and front secretarial specifically recall when/if the stadded to the board prior to stated 03/14/12, revealed the ident #1 to be moderately Resident #1 was also ity to have physical, verbal, symptoms such as pacing, g disruptive, which placed cant risk for physical illness intly interfered with the articipation in activities or in others.  Progress Notes dated M, for Resident #1 revealed ing to get the patio door red, and "said he was leaving r, Resident #1's record a that any interventions were resident #1 on the nursing entry, stated she int #1 had been identified by opement risk on 02/28/12,	F	323			

Facility ID: 100685

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		185408	B. WIN	G			C <b>7/2012</b>
	OVIDER OR SUPPLIER	ILITATION-LIBERTY		6	EET ADDRESS, CITY, STATE, ZIP CODE  16 S WALLACE WILKINSON BLVD  IBERTY, KY 42539		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 323	just thought (he/she) smoke." LPN #1 star Resident #1 had nev bracelet since being ambulated independing.  Interviews conducted with LPN #2, and at 3	pervision. LPN #1 stated, "I wanted to go out and ted to her knowledge er worn a wander alert admitted to the facility and ently throughout the facility at I on 04/25/12, at 12:03 PM 3:45 PM with Certified	F	323			
	11:20 AM with Regis 04/27/12, at 11:58 Al with CNA #3, at 12:1 PM with CNA #2, and revealed none of the been made aware the assessed to be at risunaware of any interresident displayed exadditionally, none of ever known Resident bracelet, and stated identified on the CNA	NA) #1; on 04/26/12, at tered Nurse (RN) #1; and on M with CNA #4, at 12:05 PM 0 PM with RN #2, at 12:15 d at 12:20 PM with LPN #3, staff prior to 04/01/12, had at Resident #1 had been k for elopement, and was ventions to be utilized if the kit seeking behaviors. the staff interviewed had t #1 to wear a wander alert Resident #1 had never been a assignment sheets to be at utilize a wander alert					
	PM, with the Administ Administrator, she was the time of Resident incident was handled Administrator also stroncerns including rewere addressed by the Department. The Administrator and the second strong rewere addressed by the Department.	ated that behavioral esidents at risk for elopement ne Social Services Iministrator stated, however, whavior was very erratic while					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SUF COMPLET	
		495409					
	OVIDER OR SUPPLIER  NURSING AND REHABII	185408 LITATION-LIBERTY		6	REET ADDRESS, CITY, STATE, ZIP CODE 316 S WALLACE WILKINSON BLVD LIBERTY, KY 42539	04/2	7/2012
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	1	ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE APP DEFICIENCY)		D BE	(X5) COMPLETION DATE
F 323	Resident #1 was returned assessed to have sus resident was immediated monitoring, which corn was transferred to the Resident #1's attending responsible party were elopement from the factor of the Resident #1's attending responsible party were elopement from the factor of the Resident #1's assessment to reflect elopement. A wander on the resident #1 returned was resident #1 returned for.  After Resident #1 returned for.  On 04/01/12, the Weeker resident head count a accounted for.  On 04/01/12, the Direct reviewed all wander/elopement for accurate deemed to be accurated for the resident wander/elopement as all the assessments when the resident for the resident for accurated for the resident for accurate	rned to his/her unit and tained no injury. The stely placed on 1:1 stinued until Resident #1 shospital on 04/11/12. In physician and e notified of the resident's acility.  The Nurse reviewed and wander/elopement the resident's risk for alert bracelet was placed and all other residents were stee.  The assessments for by identified at risk for cy. The assessments were tee.  No reviewed all residents' sessments for accuracy and were deemed to be accurate.  No audited all exit doors and etioning appropriately.	F	323			
	On 04/02/12, the Dire	CLOF OT IVIAINTENANCE					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SUF COMPLETI	
		185408	B. WIN	IG			C
	OVIDER OR SUPPLIER  NURSING AND REHABI	L		6	REET ADDRESS, CITY, STATE, ZIP CODE 116 S WALLACE WILKINSON BLVD LIBERTY, KY 42539	04/2	7/2012
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX			(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 323	completed a Preventi the entire door system.  On 04/01/12, an audit to ensure all wander residents were intact problems were identificantinue to be checked. Clerk. No concerns in the continue to be checked. On 04/01/12, the DOI had signs stating "For please be cautious with building."  On 04/05/12, the Social conducted an environand external environance (CM) and M Coordinator on 04/03 were taken to the Interfor review.  On 04/03/12, the State (SDC) initiated educational department resident protocols. E 04/09/12. Staff was rehaving attended the in the control of the protocols. E 04/09/12, the facility of the control of the protocols. E 04/09/12, the facility of the control of the protocols. E 04/09/12, the facility of the control of the protocols.	ve Maintenance Check on n.  It was completed by the DON guard transmitters on and working, and no fied. The transmitters will led weekly by the Supply have been identified.  N validated that all exit doors or the safety of our residents then entering or exiting the lial Services Director (SSD) imental audit of the internal ment to identify any accident ment. No concerns were	F	323			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		CONSTRUCTION (X3) DATE S		ED
		185408	B. WIN	G			7/2012
	OVIDER OR SUPPLIER	LITATION-LIBERTY	l	61	EET ADDRESS, CITY, STATE, ZIP CODE 16 S WALLACE WILKINSON BLVD IBERTY, KY 42539	04/27/2012	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 323	behaviors:  The behavior will be in DON, SSD, and the A The resident will be in supervision until revie morning stand-up me resident will be reassed wandering/elopement be determined based findings.  The behavior will be in 24-hour shift docume hours related to exit stattempts of elopement Documentation will be report each shift of resident's physician at The resident will be resident's physician at A Behavior Assessment resident to determine	mmediately reported to the administrator.  Inmediately placed on 1:1 ewed by the IDT in the eting. At that time, the essed for risk of a risk of the example on the assessment.  Inmediately placed on the assessment on the assessment of 72 eeking behaviors and/or each of the explaced on the 24-hour sident behaviors or lack of the immediately reported to the end responsible party.  Inmediately reported to the end responsible party.  Inmediately reported to the end responsible party.  In eassessed for risk of the explanation	F	323			
	The environment will Maintenance Director	•					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>-</sup> A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		185408	B. WING		04	C / <b>27/2012</b>
	ROVIDER OR SUPPLIER	ABILITATION-LIBERTY	s	TREET ADDRESS, CITY, STATE, ZIP CODE 616 S WALLACE WILKINSON BLVD LIBERTY, KY 42539	, ,	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 323	The resident will be there is a need for from an outside re The resident's carrevised by the IDT Resident Progress Medical records of supervision will be meeting every mo Resident Progress hours and comparreport. On the we Supervisor will rev Notes of all reside The above proced at the nurses' stati wander alert brace procedure will be meeting for the neincluded in oriental On 04/06/12, the stamilies/responsib remind everyone tresident leaves the entering and/or ex The Admissions Dof newly admitted and will document "Family/Resident leaducating families"	e assessed to determine if further assessment/evaluation source.  e plan will be reviewed and to include review of the Notes.  fall residents on increased brought to the stand-up ming for a review of the Notes for the previous 24 ethose to the current 24-hour ekend, the Weekend iew the Resident Progress into on increased supervision.  The reviewed in the monthly staff ext three months and will be tion of new nursing staff.  SSD mailed a letter to all the parties and visiting groups to be exercise caution to ensure note building as someone is iting the facility.  The reviewed in the door protocol this education on the Education Form." A letter on the door protocol has been ssion packet as well. This	F 32	23		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		CONSTRUCTION		DATE SURVEY COMPLETED	
		185408				C <b>04/27/2012</b>		
NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING AND REHABILITATION-LIBERTY			•	STREET ADDRESS, CITY, STATE, ZIP CODE 616 S WALLACE WILKINSON BLVD LIBERTY, KY 42539				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	HOULD BE COMPLE		
F 323	and continues at lear resident identified at to ensure that the wis up to date and accasessment, the cat alert bracelet is in president's photo is it resident's photo is it resident's photo is of the resident's care plan implement through direct obset DON, SSD, or Weet responsible to condidentified will be continued the continued that it is a continued to the continued that it is a continued to the continued that it is a continued to the contin	t was initiated on 04/02/12, ast twice a week. Each trisk for elopement is audited ander/elopement assessment curate, the photo is on the re plan is in place, the wander lace on the resident, the nathenature board, and plan is being implemented. Intation will be validated rotation of the resident. The kend Supervisor is suct the audit. Any concerns rected at the time of the audit. Viewed by the Interdisciplinary powing day.  SD placed binders at each at the front desk containing ints, and care plans of all at risk for elopement. The lers weekly and makes ry.  ge Nurse conducts an e-admissions for int risk on the	F	323				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		E CONSTRUCTION	URVEY ETED		
		185408	B. WIN			C <b>04/27/2012</b>		
NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING AND REHABILITATION-LIBERTY			•	610	EET ADDRESS, CITY, STATE, ZIP CODE 6 S WALLACE WILKINSON BLVD BERTY, KY 42539			
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F 323	the IDT. Review by reviewing resident preport, behavior mopertinent information. The Performance In Administrator, DON Nutrition Services Moperations, Unit Madia Data Set Coordinate and reviewed the in and action plan createlopement of 04/01 reviewed the action.  All audits will be transerviewed at the molemore more limited to the SDC, Maintenance Director, Registered Director, Rursing Sed Data Set Coordinate three months and a **The surveyor validated by the facility and found no injuries the resident was platransfer to the hosp documentation was physician/responsibiliterviews with directions.	for review and/or revision by the IDT will consist of progress notes, 24-hour nitoring logs, and any other n.  Inprovement Committee (PIC), SDC, Activity Director (AD), Manager (NSM), Director of enager, SSD, and Minimum for (MDSC) met on 04/03/12, westigative findings, audits, ated in response to the M12. The Medical Director plan on 04/03/12.  Incked and trended and enthly Performance in the entitee (members include, but the Administrator, DON, SSD, Director, Medical Records in Dietitian (RD), Activity envices Manager, Minimum for, and Medical Director) for seneded thereafter.  In the H1's medical record had assessed the resident in the second second in the resident in the second in	F	323				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[` ′	ULTIPL LDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		185408	B. WIN			C <b>04/27/2012</b>		
NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING AND REHABILITATION-LIBERTY			<b>,</b>	STREET ADDRESS, CITY, STATE, ZIP CODE 616 S WALLACE WILKINSON BLVD LIBERTY, KY 42539				
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F 323	1:1 until transferred f Interview with LPN # and review of the wa for Resident #1 dated had been updated to elopement.  Interview with RN #1 and facility document completed a head co Resident #1 was retu identified no concern  Interview with the DO and review of facility the DON had perform On 04/01/12, the DO wander/elopement as previously identified a accuracy. The asses DON to be accurate. exit doors and found appropriately, audited transmitters on reside intact and working ar identified, and validat signs stating "For the please be cautious we building." Additionall confirmed and review wander/elopement as all the assessments of Interview with the Ce 04/27/12, at 1:05 PM	on 04/26/12, at 11:00 AM, ander/elopement assessment of 04/01/12, revealed the form reflect the resident's risk for on 04/26/12, at 11:20 AM, station revealed she had unt for the entire facility after arned inside the building and state of the following actions:  No on 04/27/12, at 11:25 AM, documentation confirmed the following actions: No reviewed all sesessments for all residents at risk for elopement for assents were deemed by the The DON also audited all them to be functioning dealt wander guard ents to confirm they were also to confirm they were ded that all exit doors had a safety of our residents then entering or exiting the yon 04/02/12, the DON	F	323				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		185408	B. WIN	G			; 7/2012	
NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING AND REHABILITATION-LIBERTY				61	EET ADDRESS, CITY, STATE, ZIP CODE 6 S WALLACE WILKINSON BLVD BERTY, KY 42539	] 04/2	72012	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 323	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 27  Interview with the Director of Maintenance on 04/27/12, at 1:00 PM, and review of a Preventive Maintenance Task Sheet dated 04/02/12, revealed on 04/02/12, the Director of Maintenance completed a Preventive Maintenance Check on the entire door system and identified no concerns.  Interview with the SSD on 04/27/12, at 11:15 AM, and review of an Environmental Audit dated 04/05/12, confirmed the SSD on 04/05/12, conducted an environment to identify any accident hazards in the environment. No concerns were identified. Additionally, the SSD confirmed, and review of facility copies of letters sent to families revealed, on 04/06/12, the SSD mailed a letter to all families/responsible parties and visiting groups to remind everyone to exercise caution to ensure no resident leaves the building as someone is entering and/or exiting the facility.  Interview with the Case Manager (CM) and Minimum Data Set (MDS) Coordinator on 04/27/12, at 11:32 AM, and review of an audit dated 04/03/12, confirmed an audit of wander/elopement assessments for all readmissions in the past three months (February-April 2012) was conducted by the Case Manager and Minimum Data Set (MDS) Coordinator on 04/03/12.  Interview with the SDC on 04/27/12, at 11:50 AM, and review of an Elopement Class Sign in sheet		F	323				
	Coordinator (SDC) ir	12, the Staff Development nitiated education with all le all departments, on						

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		185408	B. WIN	IG		C <b>04/27/2012</b>		
NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING AND REHABILITATION-LIBERTY				61	EET ADDRESS, CITY, STATE, ZIP CODE 16 S WALLACE WILKINSON BLVD IBERTY, KY 42539	04/2	7/2012	
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	continued through 04. allowed to work without in-service by 04/09/12 04/27/12, at 11:32 AM and MDS Coordinator at 12:05 PM with CNA #2, at 12:15 PM with LPN #3, at 1:00 PM wi	sident protocols. Education /09/12. Staff was not ut having attended the 2. Interviews conducted on 1/1 with the Case Manager 1/2, at 11:58 AM with CNA #4, A #3, at 12:10 PM with RN CNA #2, at 12:20 PM with with the Maintenance PM with the Central Supply staff had attended the nowledgeable regarding the olicies and procedures cedure for dealing with wly identified as having a behaviors 1/12, at 1:20 PM, confirmed ling with residents who are ving wandering/exit seeking 1/2 on each unit at the nurses' kets with new wander alert 1/2, confirmed the nead educated the families of the door protocol and cation on the ceation Form." Review of a ket on 04/27/12, confirmed family regarding the door	F	323				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 323	04/06/12, 04/07/12, 0 04/19/12, and 04/24// Audits were initiated continued at least twi Observations on 04/2 "Adventure Club" binders contained results assessments, and call identified at risk for elementary of the confirmed all readmis 04/02/12-04/25/12, hafter readmission to the confirmed the PIC methe investigative findi	14/08/12, 04/13/12, 04/16/12, 12, confirmed Elopement on 04/02/12, and have ce a week.  27/12, at 1:18 PM, revealed ders were located at both at the front desk. The sident pictures, re plans of all residents dopement.  of wander/elopement ted after readmission ssions from ad been reassessed the day he facility.	F	323				